MARYLAND HEALTH CARE COMMISSION

Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

June 23, 2010

Committee Members Present
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Anthony Harris, MD, MPH
Debra Illig, RN, MBA, CLNC
Lynne V. Karanfil, RN, MA, CIC
Jean E. Lee, Pharm.D., BCPS (via telephone)
Peggy A. Pass, RN, BSN, MS, CIC
Michael Anne Preas, RN, BSN, CIC
Brenda Roup, PhD, RN, CIC
Jack Schwartz, Esq. (via telephone)
Patricia Swartz, MPH, MS
Kerri Thom, MD, MS
Renee Webster
Lucy Wilson, MD, Sc.M

Committee Members Absent
Patrick Chaulk MD, MPH
Beverly Collins, MD, MBA, MS
Sara E. Cosgrove, MD, MS
Maria Eckart, RN, BSN, CIC
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Wendy Gary, MHA
Andrea Hyatt
Carol Payne

Commission Staff
Pam Barclay
Theressa Lee
Mohamed Badawi
Mariam Rahman
Deme Umo
Eileen Witherspoon
Judy Wright

Public Attendance
Barbara Hall, DHMH
Katie Henry, DHMH
Patricia Lawson, DHMH
Beverly Miller, Maryland Hospital Association (via telephone)
Mary Mussman, M.D., DHMH
Byron Pugh, DHMH
Yair Rajwan, D.Sc, Johns Hopkins University
Nicole Stallings, DHMH (via telephone)
Linda Stahr, Department of Legislative Services

1. Call to Order

Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m. and asked members, staff and the public to introduce themselves.

2. Review of Previous Meeting Summary (May 26, 2010)

The previous meeting summary was approved.

3. Presentation: Public Reporting of CLABSI Data

Ms. Barclay reported that the Commission is working on developing options for reporting CLABSI data on the Maryland Hospital Performance Evaluation Guide. She said Dr. Katie Passaretti and her colleagues at Johns Hopkins University have been researching CLABSI public reporting in other states and will convene focus groups to obtain both consumer and professional input on the format for reporting data. She said that the focus group feedback will be brought back to the HAI Committee in August. She introduced Dr. Yair Rajwan from Johns Hopkins University who provided an overview of State-level public reporting of CLABSI data and reviewed the Literature and experience to date on State-Level reporting.

Dr. Rajwan reported that the first phase of the project included a review of the literature and an examination of what other states have done with similar HAI data. The second phase will be to develop options for display of the CLABSI data to be discussed and evaluated by consumers and health care professionals through two focus groups. He said consumers would likely want to know why data is collected and what actions are being taken in response to the data. He said many states, like Maryland, are using NHSN for data collection and about 16 states have released public reports. Most states provide interpretation using narrative, symbols, or colors on a graph. Hospitals are compared to national statistics using NHSN, to the state average, and to each other. Some states have hospital comparison websites; others provide a PDF report with the information. There are challenges to public reporting in a manner that is understandable and meaningful and there are tradeoffs between the level of specificity and the level of data aggregation. He said that the State of Missouri had both a consumer report and a detailed document that included more technical data and statistical information. Hospitals could also comment on their specific data. He highlighted key issues in considering the consumer and practitioner's perspective on the data. He said the challenges will most likely occur in addressing the consumer's perspective on the data and summarizing and interpreting the information in a meaningful way. Decision points include format, what units to report, level of detail in the data, visualization, and what comparisons to use.

Ms. Barclay requested the HAI Advisory Committee members provide names for focus group participants. Dr. Harris said patients and high level executives should be included in the focus groups along with health insurance representatives. Dr. Roup asked that aggregate data by hospital and by unit be provided to determine what data to present on the Hospital Guide. Ms. Pass asked that data be shown over time to show improvement. She said the timeliness of the data is also an issue as the hospital may be completely different at the current point of time. Ms. Daley recommended that what hospitals are currently doing for improvement should be included. Raw data should be included since hospitals may have high rates but only a small number of infections. Ms. Barclay said there are some tradeoffs to having a longer time period for stability of the numbers versus having timely data. Ms. Barclay said staff has discussed setting up a data collection timetable to ensure the data is completed by a certain date to help with the timeliness. Dr. Roup asked if the data would always be 6 months old. Ms. Barclay said the data could be reported a month after it is submitted into NHSN. Ms. Daley emphasized the importance of explaining that the reported CLABSIs are based on surveillance definitions and they may not meet the criteria for clinical infections. Ms. Pass said the view of data should be consumer focused and hospitals should show improvement over time. Mr. Schwartz said the Guide must clearly show why consumers should care about the data and why it is provided on the website. Dr. Rajwan said a disclaimer will need

to be on the website stating consumers should not use this information solely to make their health decisions. He said definitions will also need to be available for guide users.

4. Update on Other CLABSI Data Related Activities

Ms. Barclay stated staff continues to check the data and prepare CLABSI feedback reports for hospitals' review. CLABSI feedback reports for July-December 2009 were sent to hospitals earlier in the week and they have until June 30th to respond with any corrections. She said hospitals that were having problems collecting central line days will be contacted to ensure they are collecting the data correctly.

Ms. Barclay said over 60 participants joined the CLABSI Audit Webinar held on June 9th. She said the feedback from participants was good. She said the audit report and presentation have been posted to the MHCC website. Ms. Daley asked if the audit and webinar information will be linked to the data on the Hospital Guide. Ms. Barclay noted that the Guide could reference the HAI Advisory Committee webpage for additional information on HAI activities.

5. Discussion: Public Reporting on Health Care Worker (HCW) Seasonal Influenza Vaccination Rates

Ms. Barclay said the 2008-2009 survey results were compared to the 2009-2010 survey results in the handout provided. Ms. Barclay said decisions need to be made on whether to report adherence or vaccination rates and how to address the concern raised by a few hospitals regarding seasonal influenza vaccination supply issues. She said CMS will be reporting seasonal influenza vaccination rates on *Hospital Compare* which suggests that vaccine supply issues were not significant.

Ms. Barclay said the number of health care workers provided on the HCW survey was compared to the HSCRC wage and salary survey. She said it was important to feed data back to hospitals and to provide a comparable data source when possible. The HCW feedback reports will be sent to hospitals next week. Dr. Thom noted that the adherence rate and vaccination rate overall were very close. She asked if that trend was seen in individual hospitals. Ms. Witherspoon replied that individual hospitals had a similar trend, since the medical declinations were a relatively small number of the total population. Ms. Preas said since the medical declination numbers were small; the vaccination rate should be reported. Mr. Schwartz agreed that the vaccination rate should be used as it is clearer than an adherence rate to consumers. Ms. Karanfil agreed and said the literature always uses a vaccination rate. Dr. Harris said the vaccination rate should be used and this vaccination should be made mandatory in the near future across the State. Ms. Barclay said the data will be reported by hospital on the Guide in July and reminded the group that physicians are excluded. Ms. Daley said the reason why physicians are excluded should be reported on the website. Ms. Barclay agreed that the definitions of who is included in the denominator should be provided.

6. Other Updates

JAMA Article on Infection Control Assessment in Ambulatory Surgical Centers (ASCs)

Ms. Barclay said Maryland was one of three states to participate in a pilot test that resulted in a new infection control assessment tool for ambulatory surgical centers. Ms. Barclay introduced Barbara Hall from the Office of Health Care Quality. Ms. Hall reported that ambulatory surgery centers were surveyed over a week time period with CDC physicians pilot testing the assessment tool. She said before the study, cleaning and sterilization processes were not surveyed in ASCs. She said the assessment revealed that hand hygiene was a major issue, along with the re-use of single dose medications, glove use, expired and unlabeled medication use, sterilization processing issues, lack of infection control training, and no effective system in place for reporting infections to the State. Other problems included essential equipment missing and no competency training for staff. Ms. Barclay said the tool is now being used on all surveys. Ms. Hall said prior to this testing, ASCs had minimal regulation from the state. She said it took the Nevada hepatitis outbreak to allow this assessment to take place. Dr. Roup said the State has been involved in ASCs' infection control after the issues have been identified. She said the health care workers in ASCs are interested in learning more about infection control and she is speaking to a group of ASC health care workers in a few months. Ms. Preas said ASC accreditation is not as stringent as hospitals' accreditation. Ms. Webster said Maryland has the second largest number of ASCs in the nation.

Maryland Hospital Hand Hygiene Collaborative

Dr. Mussman discussed the summary of recommendations and issues from the Hand Hygiene Collaborative. She said hospitals are not consistently following the protocols. A main area of concern related to the use of unknown observers. There has been some confusion about the definition of unknown observer and there has been under reporting. She said letters have gone out to the CEOs at the hospitals, saying the collaborative will help hospitals address these issues. Ms. Pass said her hospital does not have the time to enter the data and it would be a huge help if the Maryland Patient Safety Center (MPSC) could assist with the input of the raw data. Ms. Pass said the collection of hand hygiene data is a time consuming and the hospital does not have the resources to collect and enter the data. Dr. Harris added the HAI committee did not define unknown observer the way the MPSC is currently defining it, which has led to problems for hospitals. Ms. Barclay said she attended a meeting where a variety of hospitals figured out how to work with the current definition of unknown observers efficiently and effectively. She said there are issues that require clarification and this is an ambitious project. She said hospitals have different processes and asking all hospitals to do it the same way is challenging. Ms. Pass said that in her view the questions that are sent out by the collaborative take a long time to complete and have no clearly apparent purpose. She added that MPSC does not provide help with the data requirements. Ms. Barclay said reaching out to CEOs may be a way to get additional help. Ms. Barclay said not all hospitals were validating the data. She added that the definition of unknowns should be posted on the website for clarification. Dr. Harris indicated that he does not support the use of a definition of unknown that is not supported in the literature. Ms. Preas said the reason 54% of hospitals are noncompliant is due to the complexity and resource intensive nature of the collaborative.

Acinetobacter Collaborative

Dr. Wilson reported that the prevalence survey is slated for the last week in July or first week in August. She reported that approximately 30 acute care facilities have agreed to participate in the collaborative, as well as two LTC facilities and seven LTC facilities with vent beds. Ms. Daley asked if the hospitals required IRB approval or exemptions, Dr. Roup replied it was not needed and she will send clarifying language to Ms. Daley. Dr. Thom said patients can refuse to have the swab performed.

7. Adjournment

The meeting adjourned at approximately 3:15 p.m. The next meeting is scheduled for July 28, 2010.